

**CONTRACT BETWEEN
LEON COUNTY, FLORIDA
AND
STATE OF FLORIDA DEPARTMENT OF HEALTH
FOR OPERATION OF
THE LEON COUNTY HEALTH DEPARTMENT
CONTRACT YEAR 2005-2006**

This agreement ("Agreement") is made and entered into between the State of Florida, Department of Health ("State") and Leon County, Florida ("County"), through their undersigned authorities, effective October 1, 2005.

RECITALS

A. Pursuant to Chapter 154, F.S., the intent of the legislature is to "promote, protect, maintain, and improve the health and safety of all citizens and visitors of this state through a system of coordinated county health department services."

B. County Health Departments were created throughout Florida to satisfy this legislative intent through "promotion of the public's health, the control and eradication of preventable diseases, and the provision of primary health care for special populations."

C. Leon County Health Department ("CHD") is one of the County Health Departments created throughout Florida. It is necessary for the parties hereto to enter into this Agreement in order to assure coordination between the State and the County in the operation of the CHD.

NOW THEREFORE, in consideration of the mutual promises set forth herein, the sufficiency of which are hereby acknowledged, the parties hereto agree as follows:

1. **RECITALS**. The parties mutually agree that the forgoing recitals are true and correct and incorporated herein by reference.

2. **TERM**. The parties mutually agree that this Agreement shall be effective from October 1, 2005, through September 30, 2006, or until a written agreement replacing this Agreement is entered into between the parties, whichever is later, unless this Agreement is otherwise terminated pursuant to the termination provisions set forth in paragraph 8, below.

3. **SERVICES MAINTAINED BY THE CHD**. The parties mutually agree that the CHD shall provide those services as set forth on Part III of Attachment II hereof, in order to maintain the following three levels of service pursuant to Section 154.01(2), Florida Statutes, as defined below:

a. "Environmental health services" are those services which are organized and operated to protect the health of the general public by monitoring and regulating activities in the environment which may contribute to the occurrence or transmission of disease. Environmental health services shall be supported by available federal, state and local

funds and shall include those services mandated on a state or federal level. Examples of environmental health services include, but are not limited to, food hygiene, safe drinking water supply, sewage and solid waste disposal, swimming pools, group care facilities, migrant labor camps, toxic material control, radiological health, occupational health.

b. "Communicable disease control services" are those services which protect the health of the general public through the detection, control, and eradication of diseases which are transmitted primarily by human beings. Communicable disease services shall be supported by available federal, state, and local funds and shall include those services mandated on a state or federal level. Such services include, but are not limited to, epidemiology, sexually transmissible disease detection and control, HIV/AIDS, immunization, tuberculosis control and maintenance of vital statistics.

c. "Primary care services" are acute care and preventive services that are made available to well and sick persons who are unable to obtain such services due to lack of income or other barriers beyond their control. These services are provided to benefit individuals, improve the collective health of the public, and prevent and control the spread of disease. Primary health care services are provided at home, in group settings, or in clinics. These services shall be supported by available federal, state, and local funds and shall include services mandated on a state or federal level. Examples of primary health care services include, but are not limited to: first contact acute care services; chronic disease detection and treatment; maternal and child health services; family planning; nutrition; school health; supplemental food assistance for women, infants, and children; home health; and dental services.

4. FUNDING. The parties further agree that funding for the CHD will be handled as follows:

a. The funding to be provided by the parties and any other sources are set forth in Part II of Attachment II hereof. This funding will be used as shown in Part I of Attachment II.

i. The State's appropriated responsibility (*direct contribution excluding any state fees, Medicaid contributions or any other funds not listed on the Schedule C*) as provided in Attachment II, Part II is an amount not to exceed \$ 7,561,250.00 (*State General Revenue, Other State Funds and Federal Funds listed on the Schedule C*). The State's obligation to pay under this contract is contingent upon an annual appropriation by the Legislature.

ii. The County's appropriated responsibility (*direct contribution excluding any fees, other cash or local contributions*) as provided in Attachment II, Part II is an amount not to exceed \$ 317,984.00 (*amount listed under the "Board of County Commissioners Annual Appropriations section of the revenue attachment*).

b. Overall expenditures will not exceed available funding or budget authority, whichever is less, (either current year or from surplus trust funds) in any service category. Unless requested otherwise, any surplus at the end of the term of this Agreement in the County Health Department Trust Fund that is attributed to the CHD shall be carried forward to the next contract period.

c. Either party may establish service fees as allowed by law to fund activities of the CHD. Where applicable, such fees shall be automatically adjusted to at least the Medicaid fee schedule.

d. Either party may increase or decrease funding of this Agreement during the term hereof by notifying the other party in writing of the amount and purpose for the change in funding. If the State initiates the increase/decrease, the CHD will revise the Attachment II and send a copy of the revised pages to the County and the Department of Health, Bureau of Budget Management. If the County initiates the increase/decrease, the County shall notify the CHD. The CHD will then revise the Attachment II and send a copy of the revised pages to the Department of Health, Bureau of Budget Management.

e. The name and address of the official payee to who payments shall be made is:

County Health Department Trust Fund
Leon County
2965 Municipal Way
Tallahassee, FL 32304

5. CHD DIRECTOR/ADMINISTRATOR. Both parties agree the director/administrator of the CHD shall be a State employee or under contract with the State and will be under the day-to-day direction of the Deputy State Health Officer. The director/administrator shall be selected by the State with the concurrence of the County. The director/administrator of the CHD shall insure that non-categorical sources of funding are used to fulfill public health priorities in the community and the Long Range Program Plan. A report detailing the status of public health as measured by outcome measures and similar indicators will be sent by the CHD director/administrator to the parties no later than October 1 of each year (*This is the standard quality assurance "County Health Profile" report located on the Office of Planning, Evaluation & Data Analysis Intranet site*).

6. ADMINISTRATIVE POLICIES AND PROCEDURES. The parties hereto agree that the following standards should apply in the operation of the CHD:

a. The CHD and its personnel shall follow all State policies and procedures, except to the extent permitted for the use of county purchasing procedures as set forth in subparagraph b., below. All CHD employees shall be State or State-contract personnel subject to State personnel rules and procedures. Employees will report time in the Client Information System/Health Management Component compatible format by program component as specified by the State.

b. The CHD shall comply with all applicable provisions of federal and state laws and regulations relating to its operation with the exception that the use of county purchasing procedures shall be allowed when it will result in a better price or service and no statewide Department of Health purchasing contract has been implemented for those goods or services. In such cases, the CHD director/administrator must sign a justification therefore, and all county-purchasing procedures must be followed in their entirety, and such compliance shall be documented. Such justification and compliance documentation shall

be maintained by the CHD in accordance with the terms of this Agreement. State procedures must be followed for all leases on facilities not enumerated in Attachment IV.

c. The CHD shall maintain books, records and documents in accordance with those promulgated by the Generally Accepted Accounting Principles (GAAP) and Governmental Accounting Standards Board (GASB), and the requirements of federal or state law. These records shall be maintained as required by the Department of Health Policies and Procedures for Records Management and shall be open for inspection at any time by the parties and the public, except for those records that are not otherwise subject to disclosure as provided by law which are subject to the confidentiality provisions of paragraph 6.i., below. Books, records and documents must be adequate to allow the CHD to comply with the following reporting requirements:

- i. The revenue and expenditure requirements in the Florida Accounting System Information Resource (FLAIR).
- ii. The client registration and services reporting requirements of the minimum data set as specified in the most current version of the Client Information System/Health Management Component Pamphlet;
- iii. Financial procedures specified in the Department of Health's Accounting Procedures Manuals, Accounting memoranda, and Comptroller's memoranda;
- iv. The CHD is responsible for assuring that all contracts with service providers include provisions that all subcontracted services be reported to the CHD in a manner consistent with the client registration and service reporting requirements of the minimum data set as specified in the Client Information System/Health Management Component Pamphlet.

d. All funds for the CHD shall be deposited in the County Health Department Trust Fund maintained by the state treasurer. These funds shall be accounted for separately from funds deposited for other CHDs and shall be used only for public health purposes in Leon County.

e. That any surplus/deficit funds, including fees or accrued interest, remaining in the County Health Department Trust Fund account at the end of the contract year shall be credited/debited to the state or county, as appropriate, based on the funds contributed by each and the expenditures incurred by each. Expenditures will be charged to the program accounts by state and county based on the ratio of planned expenditures in the core contract and funding from all sources is credited to the program accounts by state and county. The equity share of any surplus/deficit funds accruing to the state and county is determined each month and at contract year-end. Surplus funds may be applied toward the funding requirements of each participating governmental entity in the following year. However, in each such case, all surplus funds, including fees and accrued interest, shall remain in the trust fund until accounted for in a manner which clearly illustrates the amount which has been credited to each participating governmental entity. The planned use of

surplus funds shall be reflected in Attachment II, Part I of this contract, with special capital projects explained in Attachment V.

f. There shall be no transfer of funds between the three levels of services without a contract amendment unless the CHD director/administrator determines that an emergency exists wherein a time delay would endanger the public's health and the Deputy State Health Officer has approved the transfer. The Deputy State Health Officer shall forward written evidence of this approval to the CHD within 30 days after an emergency transfer.

g. The CHD may execute subcontracts for services necessary to enable the CHD to carry out the programs specified in this Agreement. Any such subcontract shall include all aforementioned audit and record keeping requirements.

h. At the request of either party, an audit may be conducted by an independent CPA on the financial records of the CHD and the results made available to the parties within 180 days after the close of the CHD fiscal year. This audit will follow requirements contained in OMB Circular A-133 and may be in conjunction with audits performed by county government. If audit exceptions are found, then the director/administrator of the CHD will prepare a corrective action plan and a copy of that plan and monthly status reports will be furnished to the contract managers for the parties.

i. The CHD shall not use or disclose any information concerning a recipient of services except as allowed by federal or state law or policy.

j. The CHD shall retain all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this Agreement for a period of five (5) years after termination of this Agreement. If an audit has been initiated and audit findings have not been resolved at the end of five (5) years, the records shall be retained until resolution of the audit findings.

k. The CHD shall maintain confidentiality of all data, files, and records that are confidential under the law or are otherwise exempted from disclosure as a public record under Florida law. The CHD shall implement procedures to ensure the protection and confidentiality of all such records and shall comply with sections 384.29, 381.004, 392.65 and 456.057, Florida Statutes, and all other state and federal laws regarding confidentiality. All confidentiality procedures implemented by the CHD shall be consistent with the Department of Health Information Security Policies, Protocols, and Procedures, dated September 1997, as amended, the terms of which are incorporated herein by reference. The CHD shall further adhere to any amendments to the State's security requirements and shall comply with any applicable professional standards of practice with respect to client confidentiality.

l. The CHD shall abide by all State policies and procedures, which by this reference are incorporated herein as standards to be followed by the CHD, except as otherwise permitted for some purchases using county procedures pursuant to paragraph 6.b. hereof.

m. The CHD shall establish a system through which applicants for services and current clients may present grievances over denial, modification or termination of services. The

CHD will advise applicants of the right to appeal a denial or exclusion from services, of failure to take account of a client's choice of service, and of his/her right to a fair hearing to the final governing authority of the agency. Specific references to existing laws, rules or program manuals are included in Attachment I of this Agreement.

n. The CHD shall comply with the provisions contained in the Civil Rights Certificate, hereby incorporated into this contract as Attachment III.

o. The CHD shall submit quarterly reports to the county that shall include at least the following:

i. The DE385L1 Contract Management Variance Report and the DE580L1 Analysis of Fund Equities Report;

ii. A written explanation to the county of service variances reflected in the DE385L1 report if the variance exceeds or falls below 25 percent of the planned expenditure amount. However, if the amount of the service specific variance between actual and planned expenditures does not exceed three percent of the total planned expenditures for the level of service in which the type of service is included, a variance explanation is not required. A copy of the written explanation shall be sent to the Department of Health, Bureau of Budget Management.

p. The dates for the submission of quarterly reports to the county shall be as follows unless the generation and distribution of reports is delayed due to circumstances beyond the CHD's control:

- i. March 1, 2006 for the report period October 1, 2005 through December 31, 2005;
- ii. June 1, 2006 for the report period October 1, 2005 through March 31, 2006;
- iii. September 1, 2006 for the report period October 1, 2005 through June 30, 2006; and
- iv. December 1, 2006 for the report period October 1, 2005 through September 30, 2006.

7. FACILITIES AND EQUIPMENT. The parties mutually agree that:

a. CHD facilities shall be provided as specified in Attachment IV to this contract and the county shall own the facilities used by the CHD unless otherwise provided in Attachment IV.

b. The county shall assure adequate fire and casualty insurance coverage for County-owned CHD offices and buildings and for all furnishings and equipment in CHD offices through either a self-insurance program or insurance purchased by the County.

c. All vehicles will be transferred to the ownership of the County and registered as county vehicles. The county shall assure insurance coverage for these vehicles is available through either a self-insurance program or insurance purchased by the County. All vehicles will be used solely for CHD operations. Vehicles purchased through the County Health Department Trust Fund shall be sold at fair market value when they are no longer needed by the CHD and the proceeds returned to the County Health Department Trust Fund.

8. TERMINATION.

a. Termination at Will. This Agreement may be terminated by either party without cause upon no less than one-hundred eighty (180) calendar days notice in writing to the other party unless a lesser time is mutually agreed upon in writing by both parties. Said notice shall be delivered by certified mail, return receipt requested, or in person to the other party's contract manager with proof of delivery.

b. Termination Because of Lack of Funds. In the event funds to finance this Agreement become unavailable, either party may terminate this Agreement upon no less than twenty-four (24) hours notice. Said notice shall be delivered by certified mail, return receipt requested, or in person to the other party's contract manager with proof of delivery.

c. Termination for Breach. This Agreement may be terminated by one party, upon no less than thirty (30) days notice, because of the other party's failure to perform an

obligation hereunder. Said notice shall be delivered by certified mail, return receipt requested, or in person to the other party's contract manager with proof of delivery. Waiver of breach of any provisions of this Agreement shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this Agreement.

9. MISCELLANEOUS. The parties further agree:

a. Availability of Funds. If this Agreement, any renewal hereof, or any term, performance or payment hereunder, extends beyond the fiscal year beginning July 1, 2006, it is agreed that the performance and payment under this Agreement are contingent upon an annual appropriation by the Legislature, in accordance with section 287.0582, Florida Statutes.

b. Contract Managers. The name and address of the contract managers for the parties under this Agreement are as follows:

For the State:

For the County:

Homer Rice RS, M.P.H.
Name

Parwez Alam
Name

Administrator, Leon CHD
Title

County Administrator
Title

2965 Municipal Way

301 South Monroe

Tallahassee, FL 32304
Address

Tallahassee, Florida 32301
Address

(850) 487-3162
Telephone

(850) 487-4710
Telephone

If different contract managers are designated after execution of this Agreement, the name, address and telephone number of the new representative shall be furnished in writing to the other parties and attached to originals of this Agreement.

c. Captions. The captions and headings contained in this Agreement are for the convenience of the parties only and do not in any way modify, amplify, or give additional notice of the provisions hereof.

In WITNESS THEREOF, the parties hereto have caused this 24 page agreement to be executed by their undersigned officials as duly authorized effective the 1st day of October, 2005.

LEON COUNTY, FLORIDA

STATE OF FLORIDA

DEPARTMENT OF HEALTH

SIGNED BY: _____

SIGNED BY: _____

NAME: Cliff Thael _____

NAME: John O. Agwunobi, M.D., M.B.A., M.P.H.

TITLE: Board of County Commissioners

TITLE: Secretary

DATE: _____

DATE: _____

ATTESTED TO:

SIGNED BY: _____

SIGNED BY: _____

NAME: Bob Inzer, Clerk of the Circuit Court

NAME: Homer Rice RS, M.P.H.

TITLE: : Leon County Florida

TITLE: CHD Director/Administrator

DATE: _____

DATE: _____

APPROVED AS TO FORM:

SIGNED BY: _____

NAME : Herbert W.A. Thiele Esq., County Attorney

Leon County Attorney's Office

DATE: _____

ATTACHMENT I

LEON CHD COUNTY HEALTH DEPARTMENT

PROGRAM SPECIFIC REPORTING REQUIREMENTS AND PROGRAMS REQUIRING COMPLIANCE WITH THE PROVISIONS OF SPECIFIC MANUALS

Some health services must comply with specific program and reporting requirements in addition to the Personal Health Coding Pamphlet (DHP 50-20), Environmental Health Coding Pamphlet (DHP 50-21) and FLAIR requirements because of federal or state law, regulation or rule. If a county health department is funded to provide one of these services, it must comply with the special reporting requirements for that service. The services and the reporting requirements are listed below:

<u>Service</u>	<u>Requirement</u>
1. Sexually Transmitted Disease Program	Requirements as specified in FAC 64D-3, F.S. 381 and F.S. 384 and the CHD Guidebook.
2. Dental Health	Monthly reporting on DH Form 1008*.
3. Special Supplemental Nutrition Program for Women, Infants and Children.	Service documentation and monthly financial reports as specified in DHM 150-24* and all federal, state and county requirements detailed in program manuals and published procedures.
4. Healthy Start/ Improved Pregnancy Outcome	Requirements as specified in the Healthy Start Standards and Guidelines 1998 and as specified by the Health Start Coalitions in contract with each county health department.
5. Family Planning	Periodic financial and programmatic reports as specified by the program office and in the CHD Guidebook, Internal Operating Policy FAMPLAN 14*
6. Immunization	Periodic reports as specified by the department regarding the surveillance/investigation of reportable vaccine preventable diseases, vaccine usage accountability, the assessment of various immunization levels and forms reporting adverse events following immunization and Immunization Module quarterly quality audits and duplicate data reports.
7. Chronic Disease Program	Requirements as specified in the Community Intervention Program (CIP) and the CHD Guidebook.
8. Environmental Health	Requirements as specified in DHP 50-4* and 50-21*
9. HIV/AIDS Program	Requirements as specified in Florida Statue 384.25 and 64D-3.016 and 3.017 F.A.C. and the CHD Guidebook. Case reporting on CDC Forms 50.42B (Adult/ Adolescent) and 50.42A (Pediatric). Socio-demographic data on persons tested for HIV in CHD clinics should be reported on Lab Request Form 1628 or Post-Test Counseling Form 1633. These reports are to be sent to the Headquarters HIV/AIDS office within 5 days of the initial post-test counseling appointment or within 90 days of the missed post-test counseling appointment.

ATTACHMENT I (Continued)

10. School Health Services

HRSM 150-25*, including the requirement for an annual plan as a condition for funding.

*or the subsequent replacement if adopted during the contract period.

ATTACHMENT II

LEON COUNTY HEALTH DEPARTMENT

PART I. PLANNED USE OF COUNTY HEALTH DEPARTMENT TRUST FUND BALANCES

	Estimated State Share of CHD Trust Fund Balance as of 09/30/05	Estimated County Share of CHD Trust Fund Balance as of 09/30/05	Total
1. CHD Trust Fund Ending Balance 09/30/05	781,488	319,199	1,100,687
2. Drawdown for Contract Year October 1, 2005 to September 30, 2006			
3. Special Capital Project use for Contract Year October 1, 2005 to September 30, 2006	0	0	0
4. Balance Reserved for Contingency Fund October 1, 2005 to September 30, 2006	781,488	319,199	1,100,687

Note: The total of items 2, 3 and 4 must equal the ending balance in item 1.

Special Capital Projects are new construction or renovation projects and new furniture or equipment associated with these projects, and mobile health vans.

Pursuant to 154.02, F.S., At a minimum, the trust fund shall consist of: an operating reserve, consisting of 8.5 percent of the annual operating budget, maintained to ensure adequate cash flow from nonstate revenue sources.

ATTACHMENT II

LEON COUNTY HEALTH DEPARTMENT Part II. Sources of Contributions to County Health Department

Attachment # 1
Page 13 of 24

October 1, 2005 to September 30, 2006

	State CHD Trust Fund (cash)	County CHD Trust Fund (cash)	Total CHD Trust Fund (cash)	Other Contributions	Total
1. GENERAL REVENUE - STATE					
015050 ALG/CESSPOOL IDENTIFICATION AND ELIMINATION	0	0	0	0	0
015050 ALG/CONTR TO CHDS	2,463,930	0	2,463,930	0	2,463,930
015050 ALG/CONTR TO CHDS-AIDS PATIENT CARE	175,810	0	175,810	0	175,810
015050 ALG/CONTR TO CHDS-AIDS PREV & SURV & FIELD STAFF	90,075	0	90,075	0	90,075
015050 ALG/CONTR TO CHDS-MIGRANT LABOR CAMP SANITATION	660	0	660	0	660
015050 ALG/CONTR. TO CHDS-DENTAL PROGRAM	34,100	0	34,100	0	34,100
015050 ALG/CONTR. TO CHDS-IMMUNIZATION OUTREACH TEAMS	12,799	0	12,799	0	12,799
015050 ALG/CONTR. TO CHDS-INDOOR AIR ASSIST PROG	0	0	0	0	0
015050 ALG/CONTR. TO CHDS-MCH HEALTH - FIELD STAFF COST	0	0	0	0	0
015050 ALG/CONTR. TO CHDS-SOVEREIGN IMMUNITY	0	0	0	0	0
015050 ALG/CONTRIBUTION TO CHDS-PRIMARY CARE	28,568	0	28,568	0	28,568
015050 ALG/FAMILY PLANNING	111,120	0	111,120	0	111,120
015050 ALG/IPO - OUTREACH SOCIAL WORKERS CAT. 050707	25,208	0	25,208	0	25,208
015050 ALG/IPO HEALTHY START	0	0	0	0	0
015050 ALG/IPO HEALTHY START/IPO CAT 050707	0	0	0	0	0
015050 ALG/IPO-INFANT MORTALITY PROJECT CAT. 050707	0	0	0	0	0
015050 ALG/MCH HEALTHY START/IPO CAT 050870	0	0	0	0	0
015050 ALG/MCH-INFANT MORTALITY PROJECT CAT. 050870	0	0	0	0	0
015050 ALG/MCH-OUTREACH SOCIAL WORKERS CAT 050870	0	0	0	0	0
015050 ALG/PRIMARY CARE	369,688	0	369,688	0	369,688
015050 ALG/SCHOOL HEALTH/SUPPLEMENTAL	71,248	0	71,248	0	71,248
015050 CHD SUPPORT SERVICES	94,121	0	94,121	0	94,121
015050 COMMUNITY INTERVENTION PROGRAM	0	0	0	0	0
015050 COMMUNITY TB PROGRAM	79,293	0	79,293	0	79,293
015050 CONTR TO CHDS - DUVAL TEEN PREGNANCY PREVENTION	0	0	0	0	0
015050 ENHANCED DENTAL SERVICES	0	0	0	0	0
015050 FL HEPATITIS & LIVER FAILURE PREVENTION/CONTROL	0	0	0	0	0
015050 HEALTH PROMOTION & EDUCATION INITIATIVES	58,823	0	58,823	0	58,823
015050 HEALTHY BEACHES MONITORING	0	0	0	0	0
015050 HEALTHY START - DATA COLLECTION PROJECT STAFF	0	0	0	0	0
015050 LA LIGA CONTRA EL CANCER	0	0	0	0	0
015050 MEDIVAN PROJECT	0	0	0	0	0
015050 METRO ORLANDO URBAN LEAGUE TEENAGE PREG PREV	0	0	0	0	0
015050 RED LEGISLATION - GAP GRANT (CAT 050310)	0	0	0	0	0
015050 SPECIAL NEEDS SHELTER PROGRAM	0	0	0	0	0
015050 STD GENERAL REVENUE	29,232	0	29,232	0	29,232
015050 VOLUNTEER SCHOOL HEALTH NURSE GRANT	0	0	0	0	0
GENERAL REVENUE TOTAL	3,644,675	0	3,644,675	0	3,644,675
2. NON GENERAL REVENUE - STATE					
015010 ALG/CONTR TO CHDS-REBASING TOBACCO TF	26,872	0	26,872	0	26,872
015010 BASIC SCHOOL HEALTH - TOBACCO TF	110,468	0	110,468	0	110,468
015010 CHD SUPPORT SERVICES	0	0	0	0	0
015010 FL HEPATITIS & LIVER FAILURE PREVENTION/CONTROL	0	0	0	0	0
015010 FULL SERVICE SCHOOLS - TOBACCO TF	123,039	0	123,039	0	123,039
015010 ONSITE SEWAGE RESEARCH FUND	0	0	0	0	0
015010 PACE EH	0	0	0	0	0
015010 SUPER ACT PROGRAM ADM TF	4,500	0	4,500	0	4,500

ATTACHMENT II

LEON COUNTY HEALTH DEPARTMENT
Part II. Sources of Contributions to County Health Department

Attachment # 1
Page 14 of 24

October 1, 2005 to September 30, 2006

	State CHD Trust Fund (cash)	County CHD Trust Fund (cash)	Total CHD Trust Fund (cash)	Other Contributions	Total
2. NON GENERAL REVENUE - STATE					
015010 SUPPLEMENTAL/COMPREHENSIVE SCHOOL HEALTH - TOB TF	0	0	0	0	0
015010 VARICELLA IMMUNIZATION REQUIREMENT TOBACCO TF	6,850	0	6,850	0	6,850
015020 ALG/CONTR. TO CHDS-BIOMEDICAL WASTE/DEP ADM TF	11,329	0	11,329	0	11,329
015020 ALG/CONTR. TO CHDS-SAFE DRINKING WATER PRG/DEP ADM	0	0	0	0	0
015020 FOOD AND WATERBORNE DISEASE PROGRAM ADM TF/DACS	0	0	0	0	0
NON GENERAL REVENUE TOTAL	283,058	0	283,058	0	283,058
3. FEDERAL FUNDS - State					
007000 AIDS PREVENTION	293,415	0	293,415	0	293,415
007000 AIDS SEROPREVALENCE	0	0	0	0	0
007000 AIDS SURVEILLANCE	0	0	0	0	0
007000 BIOTERR SURVEILLANCE & EPIDEMIOLOGY	101,258	0	101,258	0	101,258
007000 BIOTERRORISM HOSPITAL PREPAREDNESS	0	0	0	0	0
007000 BIOTERRORISM NETWORK COMMUNICATIONS	71,734	0	71,734	0	71,734
007000 BIOTERRORISM PLANNING & READINESS	648,655	0	648,655	0	648,655
007000 CHD SUPPORT SERVICES	799,493	0	799,493	0	799,493
007000 CHILDHOOD LEAD POISONING PREVENTION	0	0	0	0	0
007000 COASTAL BEACH MONITORING PROGRAM	0	0	0	0	0
007000 COMP COMMUNITY CARDIO - PHBG 2004-2005	0	0	0	0	0
007000 COMPREHENSIVE CARDIOVASCULAR PROGRAM	0	0	0	0	0
007000 FGTF/AIDS MORBIDITY	0	0	0	0	0
007000 FGTF/BREAST & CERVICAL CANCER-ADMIN/CASE MAN	43,550	0	43,550	0	43,550
007000 FGTF/FAMILY PLANNING TITLE X SPECIAL INITIATIVES	0	0	0	0	0
007000 FGTF/FAMILY PLANNING-TITLE X	148,309	0	148,309	0	148,309
007000 FGTF/IMMUNIZATION ACTION PLAN	20,220	0	20,220	0	20,220
007000 FGTF/WIC ADMINISTRATION	1,047,858	0	1,047,858	0	1,047,858
007000 HEALTH PROGRAM FOR REFUGEES	0	0	0	0	0
007000 HOUSING OPPORTUNITIES FOR PEOPLE WITH AIDS (HOPWA)	0	0	0	0	0
007000 IMMUNIZATION SUPPLEMENTAL	0	0	0	0	0
007000 IMMUNIZATION-WIC LINKAGES	0	0	0	0	0
007000 MCH BGTF-GADSDEN SCHOOL CLINIC	0	0	0	0	0
007000 MCH BGTF-HEALTHY START IPO	0	0	0	0	0
007000 MCH BGTF-INFANT MORTALITY PROJECT	0	0	0	0	0
007000 MCH BGTF-MCH/CHILD HEALTH	14,584	0	14,584	0	14,584
007000 MCH BGTF-MCH/DENTAL PROJECTS	0	0	0	0	0
007000 MCH BGTF-OUTREACH SOCIAL WORKERS	0	0	0	0	0
007000 PHP-CITIES RESPONSE INITIATIVE 2004-2005	0	0	0	0	0
007000 REDUCING BURDEN OF ARTHRITIS & RHEUMATIC COND'TNS	0	0	0	0	0
007000 REFUGEE HEALTH TB TARGETED TESTING	0	0	0	0	0
007000 RISK COMMUNICATIONS	87,994	0	87,994	0	87,994
007000 RYAN WHITE	77,130	0	77,130	0	77,130
007000 RYAN WHITE - EMERGING COMMUNITIES	0	0	0	0	0
007000 RYAN WHITE-AIDS DRUG ASSIST PROG-ADMIN	24,737	0	24,737	0	24,737
007000 RYAN WHITE-CONSORTIA	0	0	0	0	0
007000 STATE PROGRAMS TO PREVENT OBESITY 2003-04	0	0	0	0	0
007000 STD FEDERAL GRANT - CSFS	2,000	0	2,000	0	2,000
007000 STD PROGRAM - PHYSICIAN TRAINING CENTER	0	0	0	0	0
007000 STD PROGRAM - SYPHILIS ELIMINATION (SE)	0	0	0	0	0

ATTACHMENT II

LEON COUNTY HEALTH DEPARTMENT
Part II. Sources of Contributions to County Health DepartmentAttachment # 1
Page 15 of 24

October 1, 2005 to September 30, 2006

		State CHD Trust Fund (cash)	County CHD Trust Fund (cash)	Total CHD Trust Fund (cash)	Other Contributions	Total
3. FEDERAL FUNDS - State						
007000	STD PROGRAM INFERTILITY PREVENTION PROJECT (IPP)	0	0	0	0	0
007000	STD PROGRAM-INFERTILITY PREVENTION PROJECT (IPP)	0	0	0	0	0
007000	STRATEGIC NATIONAL STOCKPILE	0	0	0	0	0
007000	GRANTS & DONATIONS	30,000	0	30,000	0	30,000
007000	TUBERCULOSIS CONTROL - FEDERAL GRANT	49,734	0	49,734	0	49,734
007000	WIC BREASTFEEDING PEER COUNSELING PROG FFY 2004	0	0	0	0	0
007000	WIC INFRASTRUCTURE GRANT 2005-2006	0	0	0	0	0
015009	MEDIPASS WAIVER-HLTHY STRT CLIENT SERVICES	0	0	0	0	0
015009	MEDIPASS WAIVER-SOBRA	0	0	0	0	0
015009	SCHOOL HEALTH-SUPPLEMENT-TANF	19,803	0	19,803	0	19,803
015075	CHD SUPPORT SERVICES	48,919	0	48,919	0	48,919
015075	TITLEXXI/SCHOOL HEALTH/SUPPLEMENTAL	138,624	0	138,624	0	138,624
015075	REFUGEE SCREENING REIMBURSEMENT	0	0	0	0	0
FEDERAL FUNDS TOTAL		3,668,017	0	3,668,017	0	3,668,017
4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE						
001020	MIGRANT HOUSING PERMIT	0	0	0	0	0
001020	MOBILE HOME AND PARKS	10,000	0	10,000	0	10,000
001020	FOOD HYGIENE PERMIT	31,300	0	31,300	0	31,300
001020	BIOHAZARD WASTE PERMIT	7,500	0	7,500	0	7,500
001020	SWIMMING POOLS	50,000	0	50,000	0	50,000
001020	PRIVATE WATER CONSTR PERMIT	0	0	0	0	0
001020	PUBLIC WATER ANNUAL OPER PERMIT	4,000	0	4,000	0	4,000
001020	PUBLIC WATER CONSTR PERMIT	0	0	0	0	0
001020	NON-SDWA SYSTEM PERMIT	0	0	0	0	0
001020	SAFE DRINKING WATER	0	0	0	0	0
001021	TANNING FACILITIES	8,000	0	8,000	0	8,000
001021	BODY PIERCING	927	0	927	0	927
001092	NON SDWA LAB SAMPLE	0	0	0	0	0
001092	OSDS VARIANCE FEE	0	0	0	0	0
001092	ENVIRONMENTAL HEALTH FEES	174,000	0	174,000	0	174,000
001092	OSDS REPAIR PERMIT	0	0	0	0	0
001092	OSDS PERMIT FEE	0	0	0	0	0
001092	I & M ZONED OPERATING PERMIT	0	0	0	0	0
001092	AEROBIC OPERATING PERMIT	0	0	0	0	0
001092	SEPTIC TANK SITE EVALUATION	0	0	0	0	0
001170	LAB FEE CHEMICAL ANALYSIS	0	0	0	0	0
001170	NONPOTABLE WATER ANALYSIS	0	0	0	0	0
001170	WATER ANALYSIS-POTABLE	0	0	0	0	0
010304	MQA INSPECTION FEE	0	0	0	0	0
010403	FEES-COPY OF PUBLIC DOC	0	0	0	0	0
FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL		285,727	0	285,727	0	285,727
5. OTHER CASH CONTRIBUTIONS - STATE						
010304	STATIONARY POLLUTANT STORAGE TANKS	0	0	0	0	0
090001	DRAW DOWN FROM PUBLIC HEALTH UNIT	0	0	0	0	0
OTHER CASH CONTRIBUTIONS TOTAL		0	0	0	0	0

ATTACHMENT II

LEON COUNTY HEALTH DEPARTMENT

Part II. Sources of Contributions to County Health Department

October 1, 2005 to September 30, 2006

Attachment #

Page 16 of 29

	State CHD Trust Fund (cash)	County CHD Trust Fund (cash)	Total CHD Trust Fund (cash)	Other Contributions	Total
6. MEDICAID - STATE/COUNTY					
001080 CHD INCM:MEDICAID-NURSING	0	0	0	0	0
001080 CHD INCM:MEDICAID-STD	0	0	0	0	0
001080 MEDICAID AIDS	0	0	0	0	0
001080 MEDICAID HMO RATE	0	0	0	0	0
001080 CHD INCM:MEDICAID MATERNITY	17,003	24,367	41,370	0	41,370
001080 CHD INCM:MEDICAID COMP. CHILD	0	0	0	0	0
001080 CHD INCM:MEDICAID COMP. ADULT	2,417	3,463	5,880	0	5,880
001080 MEDICAID-LAB	0	0	0	0	0
001080 CHD INCM:MEDICAID-PHARMACY	0	0	0	0	0
001080 MEDICAID-TB	0	0	0	0	0
001080 MEDICAID-ADMINISTRATION VACCINE	534	766	1,300	0	1,300
001080 MEDICAID-CASE MANAGEMENT	0	0	0	0	0
001080 CHD INCM:MEDICAID-OTHER	62	88	150	0	150
001080 CHD INCM:MEDICAID-CHILD HEALTH CHECKUP	1,812	2,596	4,408	0	4,408
001080 CHD INCM:MEDICAID-DENTAL	334,390	479,210	813,600	0	813,600
001083 CHD INCM:MEDICAID-FP	6,610	59,490	66,100	0	66,100
001208 MEDIPASS \$3.00 ADM. FEE	0	0	0	0	0
MEDICAID TOTAL	362,827	569,981	932,808	0	932,808
7. ALLOCABLE REVENUE - STATE					
018000 REFUNDS, SALARY	0	0	0	0	0
018000 REFUNDS, OTHER PERSONAL SERVICES	0	0	0	0	0
018000 REFUNDS, EXPENSES	0	0	0	0	0
018000 REFUNDS, OPERATING CAPITAL OUTLAY	0	0	0	0	0
018000 REFUNDS, SPECIAL CATEGORY	0	0	0	0	0
018000 REFUNDS, OTHER	0	0	0	0	0
018000 DMS REFUNDS BY JOURNAL TRANSFER-65900	0	0	0	0	0
018000 REFUNDS, CERTIFIED FORWARD	0	0	0	0	0
037000 PRIOR YEAR WARRANT	0	0	0	0	0
038000 12 MONTH OLD WARRANT	0	0	0	0	0
ALLOCABLE REVENUE TOTAL	0	0	0	0	0
8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE					
STATE PHARMACY SERVICES	0	0	0	255,891	255,891
STATE LABORATORY SERVICES	0	0	0	280,714	280,714
STATE TB SERVICES	0	0	0	0	0
STATE IMMUNIZATION SERVICES	0	0	0	114,203	114,203
STATE STD SERVICES	0	0	0	172,733	172,733
STATE CONSTRUCTION/RENOVATION	0	0	0	0	0
WIC FOOD	0	0	0	2,830,983	2,830,983
OTHER ADAP	0	0	0	878,569	878,569
OTHER (SPECIFY)	0	0	0	0	0
OTHER (SPECIFY)	0	0	0	0	0
OTHER (SPECIFY)	0	0	0	0	0
OTHER STATE CONTRIBUTIONS TOTAL	0	0	0	4,533,093	4,533,093
9. DIRECT COUNTY CONTRIBUTIONS - COUNTY					

LEON COUNTY HEALTH DEPARTMENT
Part II: Sources of Contributions to County Health Department

October 1, 2005 to September 30, 2006

	State CHD Trust Fund (cash)	County CHD Trust Fund (cash)	Total CHD Trust Fund (cash)	Other Contributions	Total
9. DIRECT COUNTY CONTRIBUTIONS - COUNTY					
008030 GRANTS-COUNTY TAX DIRECT	0	0	0	0	0
008034 GRANTS CNTY COMMSN OTHER	0	317,984	317,984	0	317,984
BOARD OF COUNTY COMMISSIONERS TOTAL	0	317,984	317,984	0	317,984
10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY					
001060 VITAL STATISTICS FEES OTHER	0	0	0	0	0
001077 RABIES VACCINE	0	0	0	0	0
001077 CHILD CAR SEAT PROG	0	0	0	0	0
001077 PRIMARY CARE FEES	0	15,000	15,000	0	15,000
001077 COMMUNICABLE DISEASE FEES	0	75,599	75,599	0	75,599
001094 ENVIRONMENTAL HEALTH FEES	0	5,864	5,864	0	5,864
001094 ADULT ENTER. PERMIT FEES	0	0	0	0	0
001114 NEW BIRTH CERTIFICATES	0	70,000	70,000	0	70,000
001115 DEATH CERTIFICATES	0	92,000	92,000	0	92,000
001117 VITAL STATS-ADM. FEE 50 CENTS	0	0	0	0	0
FEES AUTHORIZED BY COUNTY TOTAL	0	258,463	258,463	0	258,463
11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY					
001009 DEBIT MEMO-BAD CHECKS	0	0	0	0	0
001009 RECOVERY-BAD CHECKS	0	0	0	0	0
001009 RECOVERY OF COLLECTION OF AGENCY PLACEMENTS	0	0	0	0	0
001009 RETURNED CHECK FEE	0	0	0	0	0
001029 THIRD PARTY REIMBURSEMENT	0	27,000	27,000	0	27,000
001029 HEALTH MAINTENANCE ORGAN. (HMO)	0	0	0	0	0
001077 RYAN WHITE LOCAL REVENUES	0	0	0	0	0
001077 RYAN WHITE TITLE II	0	0	0	0	0
001090 MEDICARE	0	44,000	44,000	0	44,000
005040 INTEREST EARNED	0	0	0	0	0
005041 INTEREST EARNED-STATE INVESTMENT ACCOUNT	0	14,000	14,000	0	14,000
007010 U.S. GRANTS DIRECT	0	0	0	0	0
010300 SALE OF GOODS AND SERVICES	0	0	0	0	0
010301 EXP WITNESS FEE CONSULTANT CHARGES	0	0	0	0	0
010403 FEES-COPIES OF DOCUMENTS	0	0	0	0	0
010405 SALE OF PHARMACEUTICALS	0	0	0	0	0
010409 SALE OF GOODS OUTSIDE STATE GOVERNMENT	0	0	0	0	0
010500 SALES OF SERVICES OUTSIDE STATE GOVERNMENT	0	0	0	0	0
011000 GRANTS FROM OTHER LOCAL GOV'T	0	17,330	17,330	0	17,330
011001 HEALTHY START COALITION CONTRIBUTIONS	0	667,070	667,070	0	667,070
011007 CASH DONATIONS PRIVATE	0	0	0	0	0
012020 FINES AND FORFEITURES	0	0	0	0	0
012021 RETURN CHECK CHARGE	0	0	0	0	0
028020 INSURANCE RECOVERIES-OTHER	0	0	0	0	0
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	0	0	0	0
011000 RAPID AIDS TESTING	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0

ATTACHMENT II

Attachment # 1
Page 18 of 29LEON COUNTY HEALTH DEPARTMENT
Part II. Sources of Contributions to County Health Department

October 1, 2005 to September 30, 2006

	State CHD Trust Fund (cash)	County CHD Trust Fund (cash)	Total CHD Trust Fund (cash)	Other Contributions	Total
11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY					
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
010408 COPY FEES INTRA/INTER AGENCY	0	0	0	0	0
OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL	0	769,400	769,400	0	769,400
12. ALLOCABLE REVENUE - COUNTY					
018000 REFUNDS, SALARY	0	0	0	0	0
018000 REFUNDS, OTHER PERSONAL SERVICES	0	0	0	0	0
018000 REFUNDS, EXPENSES	0	0	0	0	0
018000 REFUNDS, OPERATING CAPITAL OUTLAY	0	0	0	0	0
018000 REFUNDS, SPECIAL CATEGORY	0	0	0	0	0
018000 REFUNDS, OTHER	0	0	0	0	0
018000 DMS REFUNDS BY JOURNAL TRANSFER-65900	0	0	0	0	0
018000 REFUNDS, CERTIFIED FORWARD	0	0	0	0	0
037000 PRIOR YEAR WARRANT	0	0	0	0	0
038000 12 MONTH OLD WARRANT	0	0	0	0	0
COUNTY ALLOCABLE REVENUE TOTAL	0	0	0	0	0
13. BUILDINGS - COUNTY					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	1,065,000	1,065,000
MAINTENANCE	0	0	0	96,777	96,777
utilities	0	0	0	109,873	109,873
custodial contract	0	0	0	78,731	78,731
OTHER (SPECIFY)	0	0	0	0	0
OTHER (SPECIFY)	0	0	0	0	0
OTHER (SPECIFY)	0	0	0	0	0
BUILDINGS TOTAL	0	0	0	1,350,381	1,350,381
14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY					
OTHER COUNTY CONTRIBUTION OF SOME UNKNOWN ORIGIN	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTIONS TOTAL	0	0	0	0	0
GRAND TOTAL CHD PROGRAM	8,244,304	1,915,828	10,160,132	5,883,474	16,043,606

ATTACHMENT II
LEON COUNTY HEALTH DEPARTMENT

Attachment # 1
Page 19 of 24

Part III. Planned Staffing, Clients, Services, And Expenditures By Program Service Area Within Each Level Of Service

October 1, 2005 to September 30, 2006

					Quarterly Expenditure Plan				County	State	Grand Total
	FTE's (0.00)	Clients Units	Services		1st	2nd (Whole dollars only)	3rd	4th			
A. COMMUNICABLE DISEASE CONTROL:											
VITAL STATISTICS (180)	5.07	0	0		53,473	53,473	53,473	53,473	213,892	0	213,892
IMMUNIZATION (101)	8.09	7,000	12,500		115,562	115,563	115,563	115,563	53,353	408,898	462,251
STD (102)	8.13	2,258	12,089		85,581	85,582	85,582	85,582	4,000	338,327	342,327
A.I.D.S. (103)	12.83	150	1,200		193,570	193,570	193,571	193,570	0	774,281	774,281
TB CONTROL SERVICES (104)	5.67	79	2,269		62,330	62,330	62,331	62,331	3,000	246,322	249,322
COMM. DISEASE SURV. (106)	2.25	0	400		24,673	24,674	24,674	24,674	75,599	23,096	98,695
HEPATITIS PREVENTION (109)	0.00	0	0		0	0	0	0	0	0	0
PUBLIC HEALTH PREP AND RESP (116)	12.69	0	0		285,110	285,110	285,110	285,110	0	1,140,440	1,140,440
COMMUNICABLE DISEASE SUBTOTAL	54.73	9,487	28,458		820,299	820,302	820,304	820,303	349,844	2,931,364	3,281,208
B. PRIMARY CARE:											
IMPROVED PREGNANCY OUTCOME (225)	5.73	722	4,882		55,579	55,579	55,579	55,579	24,367	197,949	222,316
FAMILY PLANNING (223)	16.92	5,900	30,016		217,505	217,506	217,506	217,506	91,473	778,550	870,023
HEALTHY START PRENATAL (227)	9.66	2,203	24,862		87,323	87,323	87,323	87,324	349,293	0	349,293
COMPREHENSIVE CHILD HEALTH (229)	2.17	275	871		25,543	25,543	25,543	25,543	30,977	71,195	102,172
HEALTHY START INFANT (231)	5.58	818	9,010		49,041	49,041	49,041	49,042	196,165	0	196,165
SCHOOL HEALTH (234)	17.24	0	120,418		176,520	176,521	176,521	176,521	25,911	680,172	706,083
COMPREHENSIVE ADULT HEALTH (237)	5.00	2,243	12,383		169,111	169,111	169,111	169,111	134,530	541,914	676,444
DENTAL HEALTH (240)	12.62	2,800	20,000		211,806	211,806	211,807	211,807	489,210	358,016	847,226
CHRONIC DISEASE SERVICES (210)	1.69	300	300		17,276	17,277	17,277	17,277	0	69,107	69,107
TOBACCO PREVENTION (212)	0.00	0	0		0	0	0	0	0	0	0
HOME HEALTH (215)	0.00	0	0		0	0	0	0	0	0	0
W.I.C. (221)	32.17	11,000	91,844		309,466	309,466	309,467	309,467	0	1,237,866	1,237,866
PRIMARY CARE SUBTOTAL	108.78	26,261	314,586		1,319,170	1,319,173	1,319,175	1,319,177	1,341,926	3,934,769	5,276,695
C. ENVIRONMENTAL HEALTH:											
Water and Onsite Sewage Programs											
COASTAL BEACH MONITORING (347)	0.00	0	0		0	0	0	0	0	0	0
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.41	193	398		4,789	4,790	4,790	4,790	0	19,159	19,159
PUBLIC WATER SYSTEM (358)	0.00	0	0		0	0	0	0	0	0	0
PRIVATE WATER SYSTEM (359)	0.00	0	0		0	0	0	0	0	0	0
INDIVIDUAL SEWAGE DISP. (361)	5.61	1,383	2,279		83,906	83,906	83,906	83,906	119,720	215,904	335,624
Group Total	6.02	1,576	2,677		88,695	88,696	88,696	88,696	119,720	235,063	354,783
Facility Programs											
FOOD HYGIENE (348)	1.79	279	1,168		21,646	21,646	21,647	21,647	0	86,586	86,586
BODY ART (349)	0.01	8	11		101	101	101	102	0	405	405
GROUP CARE FACILITY (351)	1.79	532	1,078		22,538	22,538	22,538	22,538	84,430	5,722	90,152
MIGRANT LABOR CAMP (352)	0.02	1	7		0	0	0	0	0	0	0
HOUSING,PUBLIC BLDG SAFETY,SANITATION (353)	0.00	0	0		0	0	0	0	0	0	0
MOBILE HOME AND PARKS SERVICES (354)	0.29	74	199		3,517	3,517	3,518	3,518	0	14,070	14,070
SWIMMING POOLS/BATHING (360)	1.18	321	931		0	0	28,787	28,787	0	57,574	57,574
BIOMEDICAL WASTE SERVICES (364)	0.40	199	268		5,434	5,434	5,435	5,435	0	21,738	21,738
TANNING FACILITY SERVICES (369)	0.16	43	107		1,531	1,532	1,532	1,532	0	6,127	6,127

**ATTACHMENT II
LEON COUNTY HEALTH DEPARTMENT**

Attachment # 1
Page 20 of 24

Part III. Planned Staffing, Clients, Services, And Expenditures By Program Service Area Within Each Level Of Service

October 1, 2005 to September 30, 2006

	Quarterly Expenditure Plan				County	State	Grand Total			
	FTE's (0.00)	Clients Units	Services	1st 2nd 3rd 4th (Whole dollars only)						
C. ENVIRONMENTAL HEALTH:										
Group Total	5.64	1,457	3,769	54,767	54,768	83,558	83,559	84,430	192,222	276,652
Groundwater Contamination										
STORAGE TANK COMPLIANCE (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICE (356)	0.17	0	0	2,013	2,013	2,013	2,013	0	8,052	8,052
Group Total	0.17	0	0	2,013	2,013	2,013	2,013	0	8,052	8,052
Community Hygiene										
OCCUPATIONAL HEALTH (344)	0.20	0	0	0	0	0	0	0	0	0
CONSUMER PRODUCT SAFETY (345)	0.00	0	0	0	0	0	0	0	0	0
INJURY PREVENTION (346)	0.00	0	0	0	0	0	0	0	0	0
LEAD MONITORING SERVICES (350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	0.00	0	0	0	0	0	0	0	0	0
SOLID WASTE DISPOSAL (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.43	250	750	4,977	4,977	4,977	4,977	19,908	0	19,908
RABIES SURVEILLANCE/CONTROL SERVICES (366)	0.00	0	0	0	0	0	0	0	0	0
ARBOVIRUS SURVEILLANCE (367)	0.03	0	0	75	75	75	76	0	301	301
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	0
WATER POLLUTION (370)	0.00	0	0	0	0	0	0	0	0	0
AIR POLLUTION (371)	0.00	0	0	0	0	0	0	0	0	0
RADIOLOGICAL HEALTH (372)	0.00	0	0	0	0	0	0	0	0	0
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
Group Total	0.66	250	750	5,052	5,052	5,052	5,053	19,908	301	20,209
ENVIRONMENTAL HEALTH SUBTOTAL	12.49	3,283	7,196	150,527	150,529	179,319	179,321	224,058	435,638	659,696
D. SPECIAL CONTRACTS:										
SPECIAL CONTRACTS (599)	13.00	0	0	235,633	235,633	235,633	235,634	0	942,533	942,533
SPECIAL CONTRACTS SUBTOTAL	13.00	0	0	235,633	235,633	235,633	235,634	0	942,533	942,533
TOTAL CONTRACT	189.00	39,031	350,240	2,525,629	2,525,637	2,554,431	2,554,435	1,915,828	8,244,304	10,160,132

ATTACHMENT III

LEON CHD COUNTY HEALTH DEPARTMENT

CIVIL RIGHTS CERTIFICATE

The applicant provides this assurance in consideration of and for the purpose of obtaining federal grants, loans, contracts (except contracts of insurance or guaranty), property, discounts, or other federal financial assistance to programs or activities receiving or benefiting from federal financial assistance. The provider agrees to complete the Civil Rights Compliance Questionnaire, DH Forms 946 A and B (or the subsequent replacement if adopted during the contract period), if so requested by the department.

The applicant assures that it will comply with:

1. Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C., 2000 Et seq., which prohibits discrimination on the basis of race, color or national origin in programs and activities receiving or benefiting from federal financial assistance.
2. Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, which prohibits discrimination on the basis of handicap in programs and activities receiving or benefiting from federal financial assistance.
3. Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. 1681 et seq., which prohibits discrimination on the basis of sex in education programs and activities receiving or benefiting from federal financial assistance.
4. The Age Discrimination Act of 1975, as amended, 42 U.S.C. 6101 et seq., which prohibits discrimination on the basis of age in programs or activities receiving or benefiting from federal financial assistance.
5. The Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, which prohibits discrimination on the basis of sex and religion in programs and activities receiving or benefiting from federal financial assistance.
6. All regulations, guidelines and standards lawfully adopted under the above statutes. The applicant agrees that compliance with this assurance constitutes a condition of continued receipt of or benefit from federal financial assistance, and that it is binding upon the applicant, its successors, transferees, and assignees for the period during which such assistance is provided. The applicant further assures that all contracts, subcontractors, subgrantees or others with whom it arranges to provide services or benefits to participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in violation of the above statutes, regulations, guidelines, and standards. In the event of failure to comply, the applicant understands that the grantor may, at its discretion, seek a court order requiring compliance with the terms of this assurance or seek other appropriate judicial or administrative relief, to include assistance being terminated and further assistance being denied.

ATTACHMENT IV FACILITIES UTILIZED BY THE COUNTY HEALTH DEPARTMENT

<u>Facility Description</u>	<u>Location</u>	<u>Owned By</u>
Headquarters Building Leon County Health Department	2964 Municipal Way Tallahassee, Fl	Leon County
Roberts & Stevens Medical Services Center Leon County Health Department	1515 Old Bainbridge Rd. Tallahassee, Fl	Leon County
Richardson-Lewis Clinic Leon County Health Department	872 W. Orange Avenue Tallahassee, Fl	Leon County
Environmental Health Leon County Health Department	3401 W. Tharpe Street Tallahassee, Fl	Leon County
Center for Dental Care and Prevention Leon County Health Department	912 Railroad avenue Tallahassee, Fl	Leon County
Bond Community Health Subcontractor for Leon CHD	710 W. Orange Ave Tallahassee, Fl	Leased
Neighborhood Health Services Subcontractor for Leon CHD	438 W. Brevard Tallahassee, Fl	City of Tallahassee
Fairview Middle School Clinic	3415 Zillah Rd Tallahassee, Fl	Leon County School Board
Griffin Middle School Clinic	800 Alabama Street Tallahassee, Fl	Leon County School Board
Godby High School Clinic	1717 W. Tharpe Street Tallahassee, Fl	Leon County School Board
Nims Middle School Clinic	723 W. Orange Avenue Tallahassee, Fl	Leon County School Board
Belle Vue Middle School Clinic	2214 Belle Vue Way Tallahassee, Fl	Leon County School Board
Deertake Middle School Clinic	9902 Deertake West Tallahassee, Fl	Leon County School Board

ATTACHMENT V
LEON COUNTY HEALTH DEPARTMENT
SPECIAL PROJECTS SAVINGS PLAN

IDENTIFY THE AMOUNT OF CASH THAT IS ANTICIPATED TO BE SET ASIDE ANNUALLY FOR THE PROJECT.

<u>CONTRACT YEAR</u>	<u>STATE</u>	<u>COUNTY</u>	<u>TOTAL</u>
2003-2004	\$ _____	\$ _____	\$ _____ -
2004-2005	\$ _____	\$ _____	\$ _____ -
2005-2006	\$ _____	\$ _____	\$ none
2006-2007	\$ _____	\$ _____	\$ _____ -
2007-2008	\$ _____	\$ _____	\$ _____ -
PROJECT TOTAL	\$ _____ -	\$ _____ -	\$ _____ -

SPECIAL PROJECT CONSTRUCTION/RENOVATION PLAN

PROJECT NAME: _____

LOCATION/ ADDRESS: _____

PROJECT TYPE: NEW BUILDING _____ ROOFING _____
 RENOVATION _____ PLANNING STUDY _____
 NEW ADDITION _____ OTHER _____

SQUARE FOOTAGE: _____

PROJECT SUMMARY: *Describe scope of work in reasonable detail.*

ESTIMATED PROJECT INFORMATION:

START DATE *(initial expenditure of funds)*: _____

COMPLETION DATE: _____

DESIGN FEES: \$ _____

CONSTRUCTION COSTS: \$ _____

FURNITURE/EQUIPMENT \$ _____

TOTAL PROJECT COST: \$ _____

COST PER SQ FOOT: \$ _____ #DIV/0!

Special Capital Projects are new construction or renovation projects and new furniture or equipment associated with these projects and mobile health vans.

Primary Care

"Primary Care" as conceptualized for the county health departments and for the use of categorical Primary Care funds (revenue object code 015011) is defined as:

"Health care services for the prevention or treatment of acute or chronic medical conditions or minor injuries of individuals which is provided in a clinic setting and may include family planning and maternity care."

Indicate below the county health department programs that will be supported at least in part with categorical Primary Care funds this contract year:

- X Comprehensive Child Health (229/29)
- X Comprehensive Adult Health (237/37)
- ___ Family Planning (223/23)
- ___ Maternal Health/IPO (225/25)
- ___ Laboratory (242/42)
- ___ Pharmacy (241/93)
- ___ Other Medical Treatment Program (please identify) _____

Describe the target population to be served with categorical Primary Care funds.

Patients must non Medicaid and be at or below the poverty level.

Does the health department intend to contract with other providers for the delivery of primary health care services using categorical (015011) Primary Care funds? If so, please identify the provider(s), describe the services to be delivered, and list the anticipated contractual amount by provider. In addition, contract providers are required to provide data on patients served and the services provided so that the patients may be registered and the service data entered into HCMS.

We contract with:

1. Bond Community Health Center for \$191,250.00 which represents 2550 primary health services at \$75 per service. Invoices list the name, SSN, DOB, and date of service so the may be input into HMCS.
2. Neighborhood Health Services for \$191,250 which represents 2550 primary health services at \$75 per service. Invoices list the name, SSN, DOB, and date of service so the may be input into HMCS.
3. Capital Medical Society Foundation, for \$15,756.00 to offset some case management costs to provide Pro Bono specialty care to indigent patients under their WeCare Program.